KHSAA Form BA108
Rev. 4/07

KHSAA Semi-State Baseball Tournament Financial Report

(Return one copy and unsold tickets to KHSAA within one week of tournament.)

Semi-State # 06 Held at **Henry Clay High School** Dates **01 & 04 June 2006**

Part A. Ticket Sales Reconciliation		
Color of Tickets -	**Pink**	
Start Ticket Number (500 per roll)	End Ticket Number	Sold
Session/Game #1: Role 1 (0001)	**0415**	**414**
Session/Game #2: Role 1 (0415)	**0500**	**086**
Session/Game #2: Role 2 (0501)	**0695**	**194**
	Total Sold	**694**
Total Ticket Revenue (A-1)	X selling price - $7.00 = Total Ticket Sales	**$4,858.00**

Part B	OTHER REVENUE ITEMS		Total Receipts	Total
(1)	Ticket Sales (from A-1 above)		**4,858.00**	
(2)	Broadcasting		**N/A**	
(3)	Sponsorship		**N/A**	
(4)	TOTAL REVENUE (4)			**4,858.00**
Part C	ALLOWABLE EXPENSE ITEMS PAID BY HOST PRIOR TO SUBMISSION TO KHSAA		Expenses	
(1)	Facility Rental (only if documented by contract and receipt and not on school owned property)		**N/A**	
(2)	Tournament Manager (agreed by participants, not to exceed $75 per day of tournament)		**150.00**	
(3)	Field Preparation Labor (not to exceed $75 per day)		**N/A**	
(4)	Field Preparation Supplies (include receipts)		**261.25**	
(5)	Scoreboard and Scorebook Operators (not to exceed $30 per game)		**60.00**	
(6)	Public Address Announcers (not to exceed $30 per game)		**60.00**	
(7)	Total for Gate Workers (not to exceed $25 per day per worker)		**100.00**	
(8)	Security (itemize per person cost on reverse)		**545.00**	
(9)	Certified Athletic Trainer (itemize per person cost on reverse)		**60.00**	
(10)	Other (itemize on back, prior KHSAA approval required)		**N/A**	
(11)	Other (itemize on back, prior KHSAA approval required)		**N/A**	
(12)	Other (itemize on back, prior KHSAA approval required)		**N/A**	
(13)	Other (itemize on back, prior KHSAA approval required)		**N/A**	
(14)	TOTAL EXPENSES (14)			**1,236.25**
Part D	First Line Net Profit (Part B (4) minus Part C (14) total) to be sent to KHSAA. All other bills to be paid by KHSAA.			**3,621.75**

PAID ATTENDANCE BY SESSIONS
(Tickets Sold NOT money received)

Session	Paid
1	**2,898.00**
2	**1,960.00**
3 (if needed)	
Total	**4,858.00**

Umpire Mileage Driven
(List only actual driven, use round-trip totals)
ATTACH ANY LODGING RECEIPTS IF APPROVED

Umpire	Day 1	Day 2	Other

Herb Hammond	**Henry Clay High School**	**859.381-4913**	**859-552-3766**
MANAGER	HOST SCHOOL	DAYTIME PHONE	CELL PHONE

2100 Fontaine Road / Lexington, KY 40502 / phone: 859.381.4359 / fax: 859.381.4358 / charles.atinay@fayette.kyschools.us

The mission of Henry Clay High School is to educate and to prepare our students for a life of productive citizenship.

Henry Clay

KHSAA Form GE11
Rev. 5/06

KHSAA Event Ticket Reconciliation Report

Event Title (session) **Semi-State 6 Baseball**

(A) Color Pink	Price $7.00	
Start	End	Sold
000001	~~000500~~	500
000501	~~000695~~	194
001001	N/A	N/A
001501	N/A	N/A
Total Sold		694
Price Per Ticket		7.-
Projected Total		4,858

(B) Color	Price	
Start	End	Sold
Total Sold		
Price Per Ticket		
Projected Total		

(C) Color	Price	
Start	End	Sold
Total Sold		
Price Per Ticket		
Projected Total		

(D) Color	Price	
Start	End	Sold
Total Sold		
Price Per Ticket		
Projected Total		

Reconciliation

	(A)	(B)	(C)	(D)	Total
Total Sold	694				694
Total Ticket Projected	4,858.00				4,858.00
Cash Deposit					4,858.00
Cash Over (Short)					N/A

Manager Signature Charles W. Jones Date 06/08/09

SCHOOL ACTIVITY FUND

REQUISITION AND REPORT OF TICKET SALES

F-SA-1

School HENRY CLAY

Activity Fund ATHLETICS & "TOURNAMENT"

Event '09 KHSAA SEMI-STATE #6 LEX. CATH. vs. DANVILLE

Date 06 / 01 / 09

TICKET REQUISITION

nowledge receipt of the tickets to be sold for the activity listed above. The beginning ticket number is recorded in Column B. The t number will be recorded in Column D on completion of ticket sales. Receipt of $ _____ for change is also acknowledged.

and end tickets here.

TICKETS FURNISHED BY AND RETURNED TO KHSAA. 299-5472

Charles W. Attaway

Person In Charge Of Sales

000001

000415

KHSAA

GOOD THIS EVENT ONLY-NO REFUND

A minimum of $1 of the face value of this ticket is applied directly to offset the cost of purchasing insurance for student-athletes in all KHSAA sponsored sports in the event of a catastrophic injury.

000415

REPORT OF SALES

	A Ticket Color	B Beginning Ticket No.	C Ticket Seller Initials	D Next Available Ticket No.	E Ticket Seller Initials	F No. of Tickets Sold (D - B)	G Price Each	H Total (F x G)
ults								
idents								
ults ALL	PINK	00001	CWA	0415	CWA	0414	7.00	2,898.00
dents								
ults								
dents								
ults								
dents								
dults								
udents								

Checks	
Currency	2,898.—
Coin	—
Total	2,898.—

Total Sales	2,898.00
Change Returned	
Cash Over/Short	—
Total Cash	2,898.—

RECEIVED BY

Person In Charge of Sales

Internal Account Treasurer

SCHOOL ACTIVITY FUND

REQUISITION AND REPORT OF TICKET SALES

F-SA-1

School HENRY CLAY

Activity Fund ATHLETICS & TOURNAMENT

Event '09 IKHSAA SEMI-STATE #6 BASEBALL

Date 06 · 05 · 09

000695

A minimum of $1 of the face value of this ticket is applied directly to offset the cost of purchasing insurance for student-athletes in all KHSAA sponsored sports in the event of a catastrophic injury.

GOOD THIS EVENT ONLY-NO REFUND

KHSAA

000415

000415

TICKET REQUISITION

knowledge receipt of the tickets to be sold for the activity listed above. The beginning ticket number is recorded in Column B. The et number will be recorded in Column D on completion of ticket sales. Receipt of $ _____ for change is also acknowledged.

rt and end tickets here.

TICKETS FURNISHED BY AND RETURNED TO KHSAA. 299-5472

Charles

Person In Charge Of Sales

REPORT OF SALES

	A Ticket Color	B Beginning Ticket No.	C Ticket Seller Initials	D Next Available Ticket No.	E Ticket Seller Initials	F No. of Tickets Sold (D - B)	G Price Each	H Total (F x G)
Adults								
Students								
~~Adults~~ ALL	PINK	0415	CWA	0695	CWA	280	7.—	1,960.—
~~Students~~								
Adults								
Students								
Adults								
Students								
Adults								
Students								

Checks	—
Currency	1,960.—
Coin	—
Total	1,960.—

Total Sales	1,960.—
Change Returned	—
Cash Over/Short	—
Total Cash	1,960.—

Charles W. Athey

Person In Charge of Sales

RECEIVED BY

Internal Account Treasurer

FCPS SCHOOL ACTIVITY FUND F-SA-8

STANDARD INVOICE

School	Henry Clay High School	Date	06/04/09
Activity Fund	Athletics: Tournament	Tax I.D. No.	

PLEASE PRINT LEGIBLY SO PAYMENT CAN BE MADE ACCURATELY. THANK YOU.

Vendor's Name: Kara Frey

Address: U.K. Sports Medicine ATC

Quantity	Item Description	Unit Cost	Total Cost
2	ATC Services '09 Semi-state #6 Baseball	30.00	60.00
		Total	60.00

PAID BY SCHOOL

Vendor's Certification

I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.

* I am a FCPS District Employee

YES ___ NO _X_

C. Kay — Vendor Signature

06/04/09 — Date

Approved for Payment

Atinay, Charles W. — Sponsor

Principal

Attach Itemized Receipt if Applicable

Amount Paid

Date Paid

Check No.

UKHealthCare

Orthopaedic Surgery
& Sports Medicine

INVOICE

June 5, 2009

TO:
Henry Clay high school
Charles Atinay

FROM:
Kara Frey, ATC
UK Sports Medicine
3349 Royal Troon Road
Lexington, KY 40509

Semi-State Baseball Tournament – 2 games	Athletic training coverage	$60.00
	Total:	**$60.00**

Please make the check payable to: Kara Frey
Send to:
3349 Royal Troon Road
Lexington, KY 40509

If you have any questions in regard to this invoice, please call Kara Frey at (859) 948-8154. Thank you very much for your business!

FCPS SCHOOL ACTIVITY FUND F-SA-8

STANDARD INVOICE

School	Henry Clay H.S.
Activity Fund	Athletics: Tournament

Date	04 June 2009
Tax I.D. No.	

PLEASE PRINT LEGIBLY SO PAYMENT CAN BE MA
ACCURATELY. THANK YOU.

Vendor's Name 2009 KHSAA Semi-State #6 Baseball Series

Address Law Enforcement

Quantity	Item Description	Unit Cost	Total Cost
07	Officer: Lane Tipton (@ approximately $40/Hour) 06/01/09; 06/03/09	40.00	280.00
03	Officer: Chris Gatewood (@ approximately $35/Hour) 06/01/09	35.00	105.00
04	Officer: Bobby Bruner (@ approximately $40.00/Hour) 06/03/09	40.00	160.00
		Total	545.00

PAID BY SCHOOL

Vendor's Certification

I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.

* I am a FCPS District Employee
YES N/A NO N/A

C. Gatewood
Vendor Signature

06/04/09
Date

Approved for Payment

Atinay, Charles W.
Sponsor

Principal

Attach Itemized Receipt if Applicable

Amount Paid _____

Date Paid _____

Check No. _____

Vescio's Sportsfields

A DIVISION OF TREE TOP LANDSCAPING, INC. • SINCE 1982

901 OLD TODDS ROAD
LEXINGTON, KY 40509
859-269-7633

DELIVERY/PICK-UP DATE: JUNE 05 2009

CUSTOMER'S ORDER NO.:

SOLD TO: [redacted] H.C. BASEBALL
- REGIONAL STATE TOURNAMENT

SHIP TO: PICKED UP

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.
MAW			

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT	
20	20	FIELD CONDITIONER	10.45	209	00
5	5	SURE DRY	10.45	52	25
				$261	25
		PAID BY SCHOOL			

SIGNATURE [signature] PRINTED NAME _____